

## PART B - FEE(S) TRANSMITTAL

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7590

06/17/2004

Karl F Milde Jr.  
Milde Hoffberg & Macklin LLP  
Suite 460  
10 Bank Street  
White Plains, NY 10606

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Juliann Gaddy

(Depositor's name)



(Signature)

September 9, 2004

(Date)

CUSTOMER NO. 010037

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/528,780	03/17/2000	Joerg Plamper	HBC-221-KFM	5327

TITLE OF INVENTION: PROCESS FOR STABILIZING THE OPTICAL OUTPUT POWER OF LIGHT-EMITTING DIODES AND LASER DIODES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, ARMANDO	2828	372-029020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MILDE &amp; HOFFBERG, LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SENSOR LINE-GESELLSCHAFT FUER

OPTOELEKTRONISCHE SENSOREN mbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHROBENHAUSEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0427 (enclose an extra copy of this form).

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09/15/2004 RMEBPAH1 00000076 09528780

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